

# Visiting Nurse Association of Central Connecticut, Inc. Donation Form

Every gift regardless of amount is needed and appreciated!

- I want to make sure the work of the VNA continues to benefit the residents of our community. I am enclosing my gift of \$\_\_\_\_\_.
- I want to make sure the work of Hospice of Central Connecticut continues to benefit the terminally ill and their families. I am enclosing my gift of \$\_\_\_\_\_.
- My gift is in honor of \_\_\_\_\_.
- My gift is in memory of \_\_\_\_\_.

Please acknowledge my memorial gift to (please print):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Donor Information (Please give your name as you wish it to appear on all listings and acknowledgements):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

- Check here if you wish your gift to be listed anonymously.

Does your employer have a matching gift program?

- Yes! Company Name: \_\_\_\_\_.
- Form Enclosed: \_\_\_\_\_.

Please send me more information about:

- Bequests or some other forms of deferred giving
- Services / Programs: \_\_\_\_\_
- Volunteer Opportunities

Please mail this form with your check to the following address:

**Visiting Nurse Association of Central Connecticut, Inc.  
205 West Main Street  
New Britain, CT 06052**

*Gifts to VNACC and HCC are tax deductible to the extent of the law.*